

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/003/024 5/1/01

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (To be completed by mailer)
LON THOMAS - STAR STONE QUARRIES INC
Street, Apt. No., or PO Box No.
4040 S 300 W
City, State, ZIP+ 4
SALT LAKE CITY UT 84107
PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 7582 9125

JB DOGM M/003/024 5/1/01

SENDER: COMPLETE THIS SECTION.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LON THOMAS
STAR STONE QUARRIES INC
4040 S 300 W
SALT LAKE CITY UT 84107

2. Article Number (Copy from service label)
7000 0520 0021 7582 9125

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
S/3/01

C. Signature
*Shells Delmar

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789